

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Ms.

Jane

NICKNAME

LAST

SUFFIX

Hughson

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1600 N LBJ DR

San Marcos TX 78666

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

396-8107

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Ms.

Jane

NICKNAME

LAST

SUFFIX

Hughson

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY; STATE;

ZIP CODE

1600 N LBJ DR

San Marcos TX 78666

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

396-8107

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

7

1

2018

THROUGH

Month

Day

Year

9

27

2018

11 ELECTION

ELECTION DATE

Month

Day

Year

11

06

2018

☐

Primary

☐

Runoff

☐

ELECTION TYPE

Other

Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

Council member, Place 4,
San Marcos City Council

13 OFFICE SOUGHT (if known)

Mayor, San Marcos City Council

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Jane Hughson

15 Filer ID (Ethics Commission Filers)
NA

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

☐

PECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 715.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9,490.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ NA

4. TOTAL POLITICAL EXPENDITURES

\$ 8,004.22

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

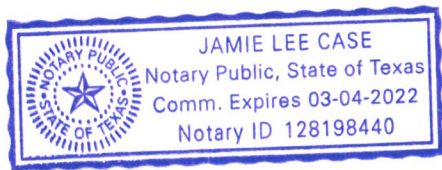
\$ 8,340.17

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Jane Hughson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jane Hughson, this the 9th day of October, 2018, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Jane Hughson****20 Filer ID (Ethics Commission Filers)****NA****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,490.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,931.58
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2790.45
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Jane Hughson		3 Filer ID (Ethics Commission Filers) N/A
4 Date 8/2/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth Jennings	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code 103 Chula Vista Dr San Marcos, TX 78666		
8 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)
Date 8/3/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lea Rice	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 104 W Laurel Lane San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) Nurse Auditor		10 Employer (See Instructions) Humana
Date 8/4/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Gonzales	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 113 Elm Hill Ct San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) Associate Professor		10 Employer (See Instructions) Texas State University
Date 8/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixie Moffitt	Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 1580 Ranch Road 12 San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: 12
2 FILER NAME Jane Hughson		3	Filer ID (Ethics Commission Filers) N/A
4 Date 8/13/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don and Betty Jack Rains	7	Amount of contribution (\$) \$ 1000.00
6 Contributor address; City; State; Zip Code 819 W Hopkins St San Marcos, TX 78666			
8 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
Date 8/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ted and Frances Breihan	Amount of contribution (\$) \$ 200.00	
Contributor address; City; State; Zip Code P O Box 477 San Marcos, TX 78667			
Principal occupation / Job title (See Instructions) Electrician/retired		10 Employer (See Instructions) Ted Breihan Electric	
Date 8/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thea Dake	Amount of contribution (\$) \$ 500.00	
Contributor address; City; State; Zip Code 220 N Johnson San Marcos, TX 78666			
Principal occupation / Job title (See Instructions) Psychiatric Social Worker		10 Employer (See Instructions) Austin Neuropsychiatric Associates	
Date 8/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Fly	Amount of contribution (\$) \$ 200.00	
6 Contributor address; City; State; Zip Code 2509 Summit Ridge San Marcos, TX 78666			
Principal occupation / Job title (See Instructions) rancher		10 Employer (See Instructions) self	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: 12
2	FILER NAME Jane Hughson	3	Filer ID (Ethics Commission Filers) N/A
4	Date 8/18/2018	5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kate McCarty
		6	Contributor address; City; State; Zip Code 621 W San Antonio St San Marcos, TX 78666
		7	Amount of contribution (\$) \$ 75.00
8	Principal occupation / Job title (See Instructions) retired		
	10 Employer (See Instructions)		
Date 8/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John McGee	Amount of contribution (\$)	
	Contributor address; City; State; Zip Code 3120 Summit Ridge Dr San Marcos, TX 78666	\$ 100.00	
Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
Date 8/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Warren	Amount of contribution (\$)	
	Contributor address; City; State; Zip Code 111 Manor Park San Marcos, TX 78666	\$ 100.00	
Principal occupation / Job title (See Instructions) owner		10 Employer (See Instructions) athletic club	
Date 8/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gene Majors	Amount of contribution (\$)	
	Contributor address; City; State; Zip Code 410 Lamar Ave San Marcos, TX 78666	\$ 100.00	
Principal occupation / Job title (See Instructions) Lawyer		10 Employer (See Instructions) self	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: 12
2 FILER NAME Jane Hughson		3	Filer ID (Ethics Commission Filers) N/A
4 Date 8/20/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsha Moore	7	Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 101 W Sierra Cir San Marcos, TX 78666			
8 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
Date 8/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ardie Schneider	Amount of contribution (\$) \$ 100.00	
Contributor address; City; State; Zip Code 5001 Flaming Oak Austin, TX 78749			
Principal occupation / Job title (See Instructions) Application Administrator		10 Employer (See Instructions) Texas State University	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnie Hughson-Cox	Amount of contribution (\$) \$ 250.00	
Contributor address; City; State; Zip Code 1718 N IH 35 San Marcos, TX 78666			
Principal occupation / Job title (See Instructions) self-employed		10 Employer (See Instructions) Sur-Powr Battery	
Date 8/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Brown	Amount of contribution (\$) \$ 200.00	
6 Contributor address; City; State; Zip Code 605 Scott San Marcos, TX 78666			
Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: 12
2 FILER NAME Jane Hughson		3	Filer ID (Ethics Commission Filers) N/A
4 Date 8/22/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanne Cliett	7	Amount of contribution (\$) \$ 100.00
	6 Contributor address; City; State; Zip Code 1021 Lazy Ln San Marcos, TX 78666		
8 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
Date 8/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott and Diane Phalen Henize	Amount of contribution (\$) \$ 200.00	
	Contributor address; City; State; Zip Code 721 Burleson St San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) Podiatrist, Therapist		10 Employer (See Instructions) Both Self-employed	
Date 8/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard McBride	Amount of contribution (\$) \$ 200.00	
	Contributor address; City; State; Zip Code 724 Snyder Hill Dr San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
Date 8/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuck and Lynn Thompson	Amount of contribution (\$) \$ 100.00	
	6 Contributor address; City; State; Zip Code 614 Easton San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) Manager/retired		10 Employer (See Instructions) Ember Industries	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: 12
2 FILER NAME Jane Hughson		3	Filer ID (Ethics Commission Filers) N/A
4 Date 8/23/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Chiu	7	Amount of contribution (\$) \$ 500.00
	6 Contributor address; City; State; Zip Code 311 Laurel Hill San Marcos, TX 78666		
8 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
Date 8/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy and Randall Morris	Amount of contribution (\$) \$ 250.00	
	Contributor address; City; State; Zip Code 802 Belvin St San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) retired, real estate		10 Employer (See Instructions) self	
Date 8/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Sullivan	Amount of contribution (\$) \$ 100.00	
	Contributor address; City; State; Zip Code San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
Date 8/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peggy Townes	Amount of contribution (\$) \$ 100.00	
	6 Contributor address; City; State; Zip Code 102 Sierra Vista San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Jane Hughson		3 Filer ID (Ethics Commission Filers) N/A
4 Date 8/23/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce Wilkerson	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 152 Dolly San Marcos, TX 78666		
8 Principal occupation / Job title (See Instructions) Budget Assistant		10 Employer (See Instructions) Texas State University
Date 8/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ethel Mihalkanin	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 13408 N 54th St Glendale, AZ 85304		
Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)
Date 8/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faye Gillham	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 613 Dale San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) self
Date 8/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Mihalkanin	Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 517 W Hopkins San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) Associate Professor		10 Employer (See Instructions) Texas State University
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Jane Hughson		3 Filer ID (Ethics Commission Filers) N/A
4 Date 8/28/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed and Bonnie Longcope	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 833 Belvin San Marcos, TX 78666		
8 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)
Date 8/31/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Loisel	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 710 Rogers San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)
Date 8/31/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Meeks	Amount of contribution (\$) \$ 750.00
Contributor address; City; State; Zip Code 103 W Laurel San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) Finance		10 Employer (See Instructions) McCoys
Date 9/4/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Crowley	Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 111 Mandalay San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) Child Nutrition Director		10 Employer (See Instructions) Dripping Springs ISD
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

		The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: 12
2	FILER NAME Jane Hughson			3	Filer ID (Ethics Commission Filers) N/A
4	Date 9/4/2018	5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marianne Moore	7	Amount of contribution (\$) \$ 200.00
		6	Contributor address; City; State; Zip Code 2930 Summitt Ridge San Marcos, TX 78666		
8		Principal occupation / Job title (See Instructions) community volunteer		10 Employer (See Instructions)	
	Date 9/6/2018		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Pendergast		Amount of contribution (\$) \$ 100.00
			Contributor address; City; State; Zip Code 108 Camaro Way San Marcos, TX 78666		
		Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
	Date 9/6/2018		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy Mock		Amount of contribution (\$) \$ 100.00
			Contributor address; City; State; Zip Code 107 Canyon Rd San Marcos, TX 78666		
		Principal occupation / Job title (See Instructions) accountant		10 Employer (See Instructions) McCoys Bldg Supply	
	Date 9/7/2018		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Cauble		Amount of contribution (\$) \$ 250.00
		6	Contributor address; City; State; Zip Code 605 Rogers San Marcos, TX 78666		
		Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Jane Hughson		3 Filer ID (Ethics Commission Filers) N/A
4 Date 9/8/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kasie Ellis	7 Amount of contribution (\$) \$ 150.00
6 Contributor address; City; State; Zip Code 1580 Old Ranch Rd 12 San Marcos, TX 78666		
8 Principal occupation / Job title (See Instructions) Administrative Services		10 Employer (See Instructions) Cross Case Management
Date 9/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Dillon	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 1000 Burleson San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) owner		10 Employer (See Instructions) bed and breakfast inn
Date 9/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ted Hindson	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 1410 Alamo St San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) Associate Professor		10 Employer (See Instructions) Texas State University
Date 9/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim and Jean Baggett	Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 726 W Hopkins St San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) insurance adjusters		10 Employer (See Instructions) self
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Jane Hughson		3 Filer ID (Ethics Commission Filers) N/A
4 Date 9/17/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Price	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code 838 S Loop St San Marcos, TX 78666		
8 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)
Date 9/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney Van Ouderkerke	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 323 Scott San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) Administrator of Compliance		10 Employer (See Instructions) Texas Funeral Service Commission
Date 9/21/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dot Renfrow	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 1116 Stagecoach San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)
Date 9/21/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston Dillon	Amount of contribution (\$) \$ 400.00
6 Contributor address; City; State; Zip Code 1001 Burleson St San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) hospitality		10 Employer (See Instructions) Crystal River Inn
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME	Jane Hughson	
		3 Filer ID (Ethics Commission Filers) N/A
4 Date 9/25/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W R Rogers	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 134 E Sierra Cir San Marcos, TX 78666		
8 Principal occupation / Job title (See Instructions) Doctor		10 Employer (See Instructions) self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fund raising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages 4 Schedule F1:	2 FILER NAME Jane Hughson	3 Filer ID (Ethics Commission Filers) N/A
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4 Date 8/7/2018	5 Payee name Lowe's
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6 Amount (\$) \$ 60.58	7 Payee address; City; State; Zip Code 2211 N Interstate 35 San Marcos, TX 78666
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Political Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign parts
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/13/2018	Payee name Lowe's
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Amount (\$) \$ 50.75	Payee address; City; State; Zip Code 2211 N Interstate 35 San Marcos, TX 78666
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign parts
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/13/2018	Payee name U S Post Office
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Amount (\$) \$ 100.00	Payee address; City; State; Zip Code 210 S Stagecoach Trail San Marcos, TX 78666
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense stamps
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fund raising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages 4 Schedule F1:	2 FILER NAME Jane Hughson	3 Filer ID (Ethics Commission Filers) N/A
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4 Date 8/13/2018	5 Payee name McCoys Building Supply
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6 Amount (\$) \$ 168.44	7 Payee address; City; State; Zip Code 110 Wonder World Dr San Marcos, TX 78666
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Political Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-posts
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/15/2018	Payee name City of San Marcos
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Amount (\$) \$ 366.00	Payee address; City; State; Zip Code 630 E Hopkins San Marcos, TX 78666
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense (includes \$200 deposit)	Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent location for Election Watch
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/1/2018	Payee name McCoys Building Supply
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Amount (\$) \$ 126.33	Payee address; City; State; Zip Code 110 Wonder World Dr San Marcos, TX 78666
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-posts
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fund raising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages 4 Schedule F1:	2 FILER NAME Jane Hughson	3 Filer ID (Ethics Commission Filers) N/A
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4 Date 9/11/2018	5 Payee name Capital One
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6 Amount (\$) \$ 2,649.42	7 Payee address; City; State; Zip Code P O Box 60599 City of Industry, CA 91716
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Political Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/12/2018	Payee name CitiCard
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Amount (\$) \$ 141.03	Payee address; City; State; Zip Code P O Box 78045 Phoenix AZ 85062
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/13/2018	Payee name Lucky Sky Graphics
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Amount (\$) \$ 105.54	Payee address; City; State; Zip Code 3821 Lime Kiln Rd San Marcos, TX 78666
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense push cards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fund raising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages 4 Schedule F1:	2 FILER NAME Jane Hughson	3 Filer ID (Ethics Commission Filers) N/A
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4 Date 9/20/2018	5 Payee name Root Cellar Catering
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6 Amount (\$) \$ 62.51	7 Payee address; City; State; Zip Code 142 N LBJ Dr San Marcos, TX 78666
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense food
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/24/2018	Payee name Office Depot
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Amount (\$) \$ 100.98	Payee address; City; State; Zip Code 201 Springtown Way San Marcos, TX 78666
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2		2 FILER NAME Jane Hughson		3 Filer ID (Ethics Commission Filers) NA	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					\$
5 Date 8/1/2018		6 Payee name SuperCheap Signs			
7 Amount (\$) \$ 2649.42		8 Payee address; City; State; Zip Code 9200 Waterford Centre Blvd., Suite #100 Austin, TX 78758			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs	
11 Complete ONLY if direct expenditure to benefit C/OH NA					
Date 8/16/2018		Payee name HostGator			
Amount (\$) 141.03		Payee address; City; State; Zip Code 5005 Mitchelldale #100 Houston TX, 77092			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website expenses	
Complete ONLY if direct expenditure to benefit C/OH NA					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME Jane Hughson	3 Filer ID (Ethics Commission Filers) NA
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 8/24/2018	6 Payee name SuperCheap Signs
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7 Amount (\$) \$ 871.95	8 Payee address; City; State; Zip Code 9200 Waterford Centre Blvd., Suite #100 Austin, TX 78758
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
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11 Complete ONLY if direct expenditure to benefit C/OH NA	Candidate / Officeholder name	Office sought	Office held
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Date 9/13/2018	Payee name Vista Print
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Amount (\$) 410.24	Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MA 02421
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards
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Complete ONLY if direct expenditure to benefit C/OH NA	Candidate / Officeholder name	Office sought	Office held
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